Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

10-660-053

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN	
TOTAL CLAIMS			40		(Oolullin 2)			RATE	FEE	OR I I	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			₩ 0 minus 20=		* 20			X\$ 9=		OR	X\$18=	360
INDEPENDENT CLAIMS					5			X42=		OR	X84=	420
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT					+140=		OR	+280=	
* If	the difference	in column 1 is	less than z	ero, ente	r "0" in c	olumn 2		TOTAL		OR	TOTAL	1530
CLAIMS AS AMENDED - PART II										•	OTHER	
		(Column 1)		(Colu		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T OL ALBA	= -		X42=		OR	X84=	
-	FIRST PRESE	NTATION OF M	OLTIPLE DE	PENDEN	I CLAIN			+140=		OR	+280=	
_							1	TOTAL		OR	TOTAL	
		(Column 1)	(Column 3)	•	addit. FEE		J	ADDIT. FEE				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	mn 2) Hest Iber Ously For	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
NA NA	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]	4.40				
1								+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
_		(Column 1)			mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
WE WE	Independent	*	Minus	***		=		X42=			X84=	
	FIRST PRESE	ENTATION OF M	ULTIPLE DEPENDEN		T CLAIM	CLAIM				OR	7.0.	
	If the entry in cal-	ımn 1 is loss than	the entry in a	olumo O ···-	to "O" in ca	duma 2		+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **OR ADDIT. FEE												
		mber Previously Pa					er fo	und in the ap	propriate bo	x in co	olumn 1.	